

## COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

### SYSTEM LEADERSHIP TEAM MEETING

Wednesday, November 16, 2011 from 9:30 AM to 12:30 PM

St. Anne's Auditorium

155 N. Occidental Blvd, Los Angeles, CA, 90026

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#### REASONS FOR MEETING

1. To provide an update from the County of Los Angeles Department of Mental Health.
  2. To give a presentation on the Wellness Centers and Client-Run Centers.
  3. To offer ideas on how to strengthen the System Leadership Team for 2012.
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#### MEETING NOTES

##### I. Review Meeting Agenda and Materials

- A. No corrections were made to the October 19, 2011, meeting notes.

##### II. Department of Mental Health—Update

- A. *Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health,* provided an update on the Department of Mental Health.
  1. The Department is moving forward with PEI-related activities and the RFI process. A total of 59 proposals were submitted by the deadline. Overall, this process will be used as a learning experience to improve the timeliness of future PEI work.
  2. The Department is continuing to implement the Low-Income Health Plan (LIHP). Although the Department of Health Services (DHS) and community partners have done good work, enrollment and uptake in services was slower than expected.
  3. In regards to the Dual-Eligible Demonstration Project, the federal administration wants to ensure that the dual-eligible population is moving in the direction of managed care. This requires that California be incorporated into the process, and LA County will need to be involved. The Department may focus on high utilizing populations, such as individuals who have Medi-Cal and Medicare, and are using services to a high degree. The experiment will focus on identifying whether the integration of mental health, primary care, and substance abuse services can reduce costs and show a benefit for high utilizing individuals. The Department is confident that the experiment can be achieved.
  4. Although complicated, the Department has an opportunity to implement a care coordination program for individuals enrolling in Medi-Cal and in the LIHP, at a 90 percent federal match. This is referred to as the '90-10 Match Program.' The Department would take this opportunity to integrate some of its own projects with the care coordination program. For example, the Department wants to bring together various programs to further integrate care.

5. The implementation of the AB 109 program has experienced some successes and encountered challenges. Successes include:
- a. Local Partnership: The partnership created in LA County between Law Enforcement, Probation, Mental Health, Substance Abuse, and Health Services allowed for the deployment of a team that worked together to address challenges. Locally, the Department responded in a flexible and coordinated fashion, and is working together to ensure that individuals receive the best care.
  - b. Anti-Craving Medication Project: The Department is working with law enforcement and Substance Abuse Prevention and Control (SAPC) to develop a plan to give an anti-craving medication to prisoners who are released with a history of opiate dependence. The medication will be administered before the individuals are released and continued afterwards.

Challenges include:

- a. Medical Information: Although the Department and the California Department of Corrections and Rehabilitation's (CDCR) central administration are cooperating, the process to obtain medical information from CDCR's 32 or 33 prisons has been a challenge.
- b. Level of Risk and Appropriate Care: Assessing the level of risk and appropriateness of care has been challenging. While some prisons are doing a good job, other prisons have not assigned appropriate individuals to the program.
- c. Housing: The exclusive source to provide housing for individuals, who may not need residential treatment but need shelter, has not been established.
- d. Treatment in Case Plan: The issue of defining what it means to have treatment as part of a case plan has been challenging. When individuals are released with a Probation plan that includes substance abuse and mental health treatment, what would happen if the released individual decided to opt out of substance abuse or mental health treatment? Currently, about 39 percent of individuals who need mental health treatment are refusing treatment. The substance abuse percentage is much higher. A judicial entity will need to make the final decision.

## II. Wellness and Client-Run Centers: Then and Now

- A. *Urmi N. Patel, PsyD, Senior Community Mental Health Psychologist, Adult System of Care, County of Los Angeles, Department of Mental Health, provided a presentation on Wellness and Client-Run Centers. For additional information, please refer to the slides entitled, "Wellness and Client-Run Centers: Then & Now—A Presentation to the Systems Leadership Team."* Dr. Patel underscored the following points:

1. Wellness and Client-Run Centers focus on two concepts: recovery and sustained wellness. Both types of centers incorporate pro-active behavior by consumers, use prevention strategies to ensure that consumers take care of themselves in a crisis, and ensure that clients are self-responsible. Moreover, it is important to ensure that these programs are not following the traditional symptom-focused treatment. Instead, the programs are focused and driven by clients.
2. The original Request for Services (2005) funded 14 directly operated Wellness centers, 7 contracted Wellness Centers and 8 Client-Run Centers. In 2010-2011, there were 62 Wellness and Client-Run Centers located throughout Los Angeles County, covering each Service Area. In 2007-2008, about 11,000 clients were served by the Wellness and Client-Run Centers. In 2010-2011, over 94,000 clients have walked through the doors of the Wellness and Client-Run Centers.
3. Every Service Area has some form of a Wellness program or Client-Run Center providing services to consumers. Several of the Wellness and Client-Run Centers are located in service areas that cater to underserved and underrepresented populations.
4. Wellness and Client-Run Centers are open to any client seeking recovery support regardless of the level of care or stage in the recovery process. In the last six to seven years, there have been a variety of changes in terms of where the Wellness and Client-Run Centers are located. For instance, some centers are free standing, others are affiliated with multi-service centers, and still others remain at the mental health clinics that offer other programs in addition to the Wellness and Client-Run Center.
5. Consumer involvement in meaningful activities has increased. Consumers are increasingly returning to the centers and volunteering.
6. Wellness and Client-Run Centers have integrated with several community-based organizations. A pilot study in Service Areas 6 and 7 involved an interfaith clergy mental health provider roundtable. Individuals from the local faith-based organization met with providers in the Service Areas to provide support, education and create a collaborative relationship.
7. The 12-step model is expected to arrive at the Wellness and Client-Run Centers by the next calendar year. Many consumers coming into the program have Co-Occurring Disorders (COD) and need support to address these issues.
8. Wellness and Client-Run Centers help consumers move forward in their recovery by focusing on physical health, self-sufficiency, and community re-integration. For instance, a pilot study at Rio Hondo Wellness Center is being created focusing on physical health. Several Wellness and Client-Run Centers are offering wellness and recovery action plan groups (WRAP group), a peer-to-peer program where clients learn crisis management tools before coming into the centers. Moreover, efforts to break down stigma are also being promoted.

- B. *Kalene Gilbert, LCSW, Program Head, Adult System of Care, County of Los Angeles, Department of Mental Health*, provided a presentation on Wellness and Client-Run Centers. For additional information, please refer to the slides titled, "Wellness and Client-Run Centers: Then & Now; A Presentation to the Systems Leadership Team." Kalene Gilbert emphasized five points:

1. Developing community support is critical. One of the most exciting aspects about MHSA is the formalization of peer supports or peer staff in Wellness and Client-Run Centers. Over the past five or six years, clarifying the role of peers in services has been a challenge. Peers provide one-on-one support, provide group services, help link groups to the community and also share personal stories as a recovery tool. Indeed, peers are also able to advocate for peer needs. Developing a career ladder for peers is also a critical step to take.
2. The Wellness Outreach Worker Program is a stipend volunteer program that began in January 2011. Clinic program managers can refer volunteers and consumers to the 2-to-3 day training to learn the necessary skills to provide one-on-one support. The program has been a success. Over 60 people have signed up for the training that will be held in December 2011. In an effort to expand the Spanish-speaking peer support across LA County, there will be a monolingual Wellness Outreach Worker Training in February and April of 2012.
3. In regards to outcomes, a 39-question survey was developed that clients can fill out on their own. Individual-level feedback is very important. The survey is conducted bi-annually and the data are shared with providers. The survey provides information about how people are responding to wellness services and that can help pinpoint emerging issues, areas for improvement and strengths.
4. Wellness and Client-Run Centers are not enrollment based. Individuals can access services at any time.
5. In regards to health care reform, several projects are being developed to increase the amount of peer support available in the Wellness Centers. In addition, there is strong interest to expand the cultural focus of a number of Wellness and Client-Run Centers.

C. Feedback

1. Question: Are the centers located independently or are they a part of a clinic?
  - a. Response: At this point, the Wellness and Client-Run Centers are incorporated into outpatient centers. The goal is to separate.
2. Question: Is the entire staff being trained on how to accept a client that becomes a staff member?
  - a. Response: Over the past five years, the professional staff has been undergoing recovery trainings about incorporating peer counselors into treatment teams. We have been successful in helping each staff member understand the value they bring to the team.
3. Question: What does the "A" stand for in "LGBTQIA?"

- a. Response: Ally.
4. Question: A concern was shared regarding dually diagnosed individuals who are not getting their complete coverage of care. There was uncertainty whether or not the Wellness Centers were an accepting environment for dually diagnosed individuals. Do wellness centers take in individuals who have a dual diagnosis?
  - a. Response: Wellness Centers try to accept everyone. However, there is an assessment tool to measure whether individuals are able to manage the social environment. If individuals cannot manage the social environment, Wellness Centers hesitate to accept those individuals. The Wellness Centers work with the dually diagnosed individuals to socially integrate them.
5. Question: Are dually diagnosed individuals seen in weekly groups?
  - a. Response: Correct. Dually diagnosed individuals are involved in peer-led groups, in recovery groups, in WRAP groups and in pre-vocational activities.
6. Question: Will the actual number of unique individuals served in the programs be shared instead of cumulative totals?
  - a. Response: The number of consumers served at Wellness Centers is recorded as unique counts. The number of consumers served at Client-Run Centers is recorded as cumulative. Client-Run Centers do not input information on a daily basis into the Information System (IS) regarding consumers who come in for services. In fact, many consumers who come into Client-Run Centers receive services anonymously. Moreover, some Client-Run Centers do not run assessments or create files. There is interest in creating unique client counts in Client-Run Centers and conversations are ongoing.
7. Question: In regards to the outcomes chart, the report stated that 72 percent of individuals had 'trouble with daily activities because of drinking or using drugs.'
  - a. Clarification: Actually, most individuals chose that they 'rarely' had trouble doing daily activities because of drinking or using drugs. Also, 13 percent responded as 'Not Applicable.'
8. Question: Can more information be provided about the difference in services received in both the private and public sector?
  - a. Response: The majority of the differences in services were attributed to regional differences.
9. Question: Is there any direction given to program leaders or supervisors about the value of exercise and nutrition groups?
  - a. Response: Over the last year, there were a couple of trainings that provided support to individuals who were facilitating the nutritional groups, specifically cooking groups. Providers without the ability to have a cooking group within their facility or center were encouraged to go out to the community. Several Wellness Centers sought local banquet halls at churches to have cooking groups and in return the Wellness Centers

provided education on mental health. However, there are differences among the wellness groups. There are various places that people can go into the community and strategies to use to address health needs, particularly in terms of exercising.

10. Comment: Two years ago, there was a concern about clients separating from their families. The NAMI president was invited to the Client-Run Center for a planning meeting and new strategies were developed to invite families to share time with their loved ones. The calendar of activities highlighted events that were open for families.
11. Question: In regards to the outcome measures, is there are breakdown for each Center?
  - a. Response: Yes, there are breakdowns. The information will be shared with the providers and District Chiefs. Sharing this information at the local level depends on the District Chiefs and providers.
12. Question: Are skill-level improvements correlated with the participation activity levels being tracked?
  - a. Response: This has not been done. This is a good idea.
13. Question: How many Centers are seeing deaf and hard-of-hearing individuals?
  - a. Response: Unfortunately, this information has not been checked. The centers have translation services available through the Access Center.
  - b. Response: An example was shared of an interpreter who is fluent in American Sign Language and teaches a sign language class. If there is a need at the Center, the interpreter is made available.
14. Comment: Making a connection and outreaching to other is very important.
15. Comment: A brief history of NAMI was shared. These types of efforts were occurring long before the Mental Health Services Act.

D. Panel: Day in the Life of Our Wellness & Client-Run Centers

1. Niki Davis, In Our Own Voice Presentation
2. Olga Diaz, *Consumer*, Pacific Clinics Client Run Center, SA 7
3. Annette Holguin, *Consumer and Staff*, Pacific Clinics Client Run Center, SA 7
4. Greg Walston, *Staff*, San Fernando Valley Community Mental Health Services, SA 2
5. Girma Eshetu, *Consumer*, Didi Hirsch Mental Health Services, SA 5
6. Luke F., *Consumer*, Edmund D. Edelman Westside Mental Health Wellness Center, SA 5
7. Raymond Kaneko, *Consumer*, Special Services for Groups Asian Pacific Counseling and Treatment Center, SA 4
8. Al Choi, *Staff*, Special Services for Groups Asian Pacific Counseling and Treatment Center, SA 4

### III. Strengthening the SLT

A. The following SLT members volunteered to form an ad hoc committee:

1. Eddie Lamon
2. Emma Oshagan
3. Joseph Hall
4. Jerry Lubin
5. Jim O'Connell
6. Jim Preis (suggested by another SLT member)

### IV. Public Comments & Announcements

- A. Announcement: The Los Angeles County Mental Health Commission will meet on November 17, 2011.
- B. Announcement: St. Lutheran Church and Pasadena Central Park will be having a Thanksgiving dinner.
- C. Announcement: Roy Anthony Brown, National Deputy Director, extended an offer for Veteran Peer Services. He can be contacted at [RoyA.Brown@va.gov](mailto:RoyA.Brown@va.gov) and at 310-478-3711 Ext. 49697.
- D. Announcement: An announcement was made regarding a conference organized by the Los Angeles County Client Coalition.
- E. Announcement: The National Empowerment Center webcast is available online.
- F. Announcement: The Alternatives Conference Workshop book is now available.
- G. Announcement: Carl P. McKnight, Psy.D, Program Head PEI – Veteran's Services, Adult System of Care, mentioned that Veteran Services are offering peer support for veterans. Carl P. McKnight, Psy.D, may be contacted at [cmcknight@dmh.lacounty.gov](mailto:cmcknight@dmh.lacounty.gov) and at 213-738-2901.
- H. Announcement: SAAC 6 will meet on November 17, 2011.
- I. Announcement: On December 3, 2011, from 10 AM – 4 PM, there will be an event at Charles Drew University.
- J. Announcement: The Oversight and Accountability Commission will meet on November 17, 2011.
- K. Announcement: There is no SLT Meeting in December 2011.

### V. Meeting Adjourned at 12:30 PM.